

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-034182

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED OCT 8 1962

Primary Registration District No.

3016

Registrar's No.

387

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Gasconade	
b. CITY (If outside corporate limits, give TOWNSHIP only) Jefferson City		c. CITY OR TOWN Hermann.	
Length of stay in lb 5 Days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chas. E. Still Hospital		d. STREET ADDRESS (If outside, give location) E. 5th. St.	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ESTHER Middle MARY Last SCHULTE		4. DATE OF DEATH Month Oct. Day 3. Year 1962	
5. SEX Female	6. COLOR OR RACE Cau.	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 24, 1904
9. AGE (last birthday) 57		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Clerk		10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory	
11. BIRTHPLACE (City and state or country) Washington, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Edwin F. Schulte		13b. MOTHER'S MAIDEN NAME Katharina Watermann	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No	
16. INFORMANT Walter Schulte		Address Hermann, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary paralysis DUE TO (b) thrombotic encephalomalacia DUE TO (c) Polycythemia Vera		INTERVAL BETWEEN ONSET AND DEATH acute 4 days chronic	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 8:45 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) September 29, 1962 - October 3, 1962		20f. CITY, TOWN, OR LOCATION Jefferson City, Mo	
20g. COUNTY Hermann		20h. STATE Missouri	
21. I attended the deceased from September 29, 1962 and last saw her alive on October 2, 1962 Death occurred at 8:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) R. Dale Atterbury M.D.	
22a. ADDRESS Jefferson City, Mo		22c. DATE SIGNED 10/3/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 6, 1962	23c. NAME OF CEMETERY OR CREMATORY Hermann Cemetery	23d. LOCATION (City, town, or county) Hermann, Missouri
24. FUNERAL DIRECTOR Herman Blumer, Inc.--Hermann, Mo.		25. DATE RECD. BY LOCAL REG. 4 October 1962	
26. REGISTRAR'S SIGNATURE R. Norris M.D. Richter Dep			

OCT 9 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert Blumie

Licensed Embalmer No.

5055

P. O. Address

Memphis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license):
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.